

# MISSOURI

## STATE BOARD OF NURSING NEWSLETTER



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November, December 2012, January 2013

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## Message from the President

**Roxanne McDaniel, PhD, RN, President**

I am so pleased to have been given the opportunity to serve as a member of the Missouri State Board of Nursing and now as the incoming president. The Board members are a wonderful group of professionals representing nursing and the citizens of Missouri. We work with an outstanding staff that supports the work of the Board. As I work with the executive director, Board staff and Board members, I am consistently amazed by the talent these individuals bring to their roles.

In August, Irene Coco and I, along with several Board staff, were able to attend the National Council of State Boards of Nursing Annual Meeting. There were presentations, round table discussions, and debates about regulatory issues. The highlight of the meeting was the Awards Ceremony, where the Missouri State Board of Nursing received the Regulatory Achievement Award, which is a truly deserved recognition of the outstanding work of our Board.

I look forward to the coming year and the many activities we are involved in such as the Missouri Action Coalition, the articulation task force, and the discussion of the APRN compact.

## Executive Director's Report

**Authored by Lori Scheidt, Executive Director**

### Missouri State Board of Nursing Elects New Officers

The Missouri State Board of Nursing elected new Board officers at their September 7, 2012 meeting.

Dr. Roxanne McDaniel was elected to serve as president. Dr. McDaniel is the Associate Dean at Sinclair School of Nursing. She has served on the Missouri State Board of Nursing since October 2009. She has been chair of the Board's education committee since 2011. She holds undergraduate and graduate degrees from Creighton University and earned her doctorate from the University of Texas at Austin.

Rhonda Shimmens, RN, was re-elected as vice-president. Ms. Shimmens is the manager of outpatient surgery at St. Mary's Health Center in Jefferson City. She holds associate and bachelor degrees in nursing and a MBA with an emphasis in health management from William Woods University. She has served on the Board since April 2009.

Irene Coco, LPN, was re-elected as secretary. Ms. Coco serves a clinic manager for Swope Health facilities in the Kansas City area. She is currently pursuing her degree to become a registered nurse. She has served on the Board since March 2010.

### 2012 Fiscal Year Statistics

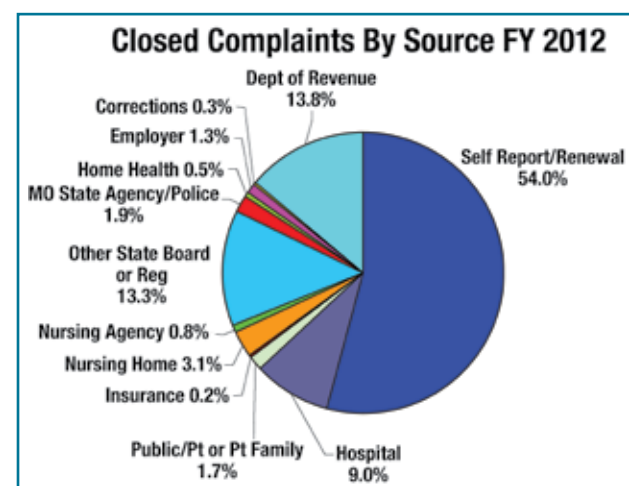
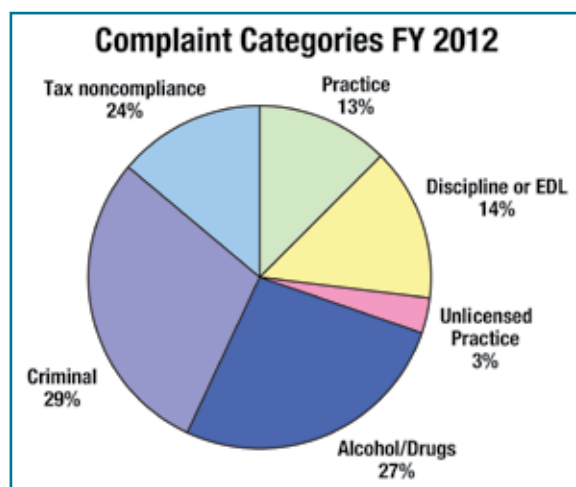
The 2012 fiscal year for Missouri State government began July 1, 2011 and ended June 30, 2012.

The Board reviews complaints that are filed against the license of a nurse. Following an investigation, the Board determines whether or not to pursue discipline.

The Board of Nursing may take disciplinary action against a licensee for violation of the Nursing Practice Act (see 335.066, RSMo). The Board is authorized to impose any of the following disciplines singularly or in combination:

- Censure—least restrictive discipline. The imposition of censure acts as a public reprimand that is permanently kept in the licensee's file.
- Probation—places terms and conditions on the licensee's license for a maximum of five years.
- Suspension—requires that the licensee cease practicing nursing for a period not to exceed three years.
- Revocation—most restrictive discipline. The imposition mandates that the licensee immediately loses his/her license and may no longer practice nursing in Missouri.

The following charts show the category and source of complaint and application reviews that were closed this past fiscal year. There were 2,158 Board decisions made in fiscal year 2012.



Executive Director's Report continued on page 3

Important Telephone Numbers

Department of Health & Senior Services (nurse aide verifications and general questions)	573-526-5686
Missouri State Association for Licensed Practical Nurses (MoSALPN)	573-636-5659
Missouri Nurses Association (MONA)	573-636-4623
Missouri League for Nursing (MLN)	573-635-5355
Missouri Hospital Association (MHA)	573-893-3700

Regulatory Achievement Award for Missouri State Board of Nursing



L to R—Irene Coco, LPN, Lori Scheidt, Executive Director, Roxanne McDaniel, PhD, RN, Becki Hamilton, Executive Assistant, Debra Funk, Practice Administrator, and Quinn Lewis, Investigations, Administrator

The Missouri State Board of Nursing was awarded the Regulatory Achievement Award by the National Council of State Boards of Nursing. This award recognizes the member board that has made an identifiable, significant contribution to the purpose of NCSBN in promoting public policy related to the safe and effective practice of nursing in the interest of public welfare. The award was presented during the NCSBN Annual Meeting and Delegate Assembly on Aug. 9.

Executive Director, Lori Scheidt said, “Very few things in life are entirely the work of just one person and this is no exception. It takes a team of exceptional staff to identify opportunities and suggest solutions as well as board members willing to ride the wave of change with us.”

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Number of Nurses Currently Licensed in the State of Missouri

As of October 18, 2012

Profession	Number
Licensed Practical Nurse	23,515
Registered Professional Nurse	98,895
Total	122,410

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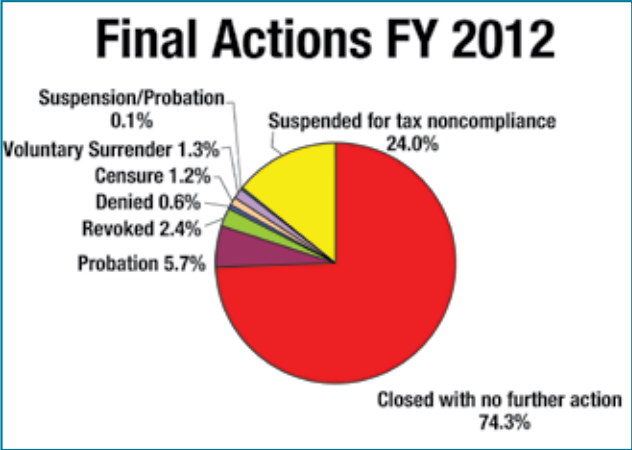
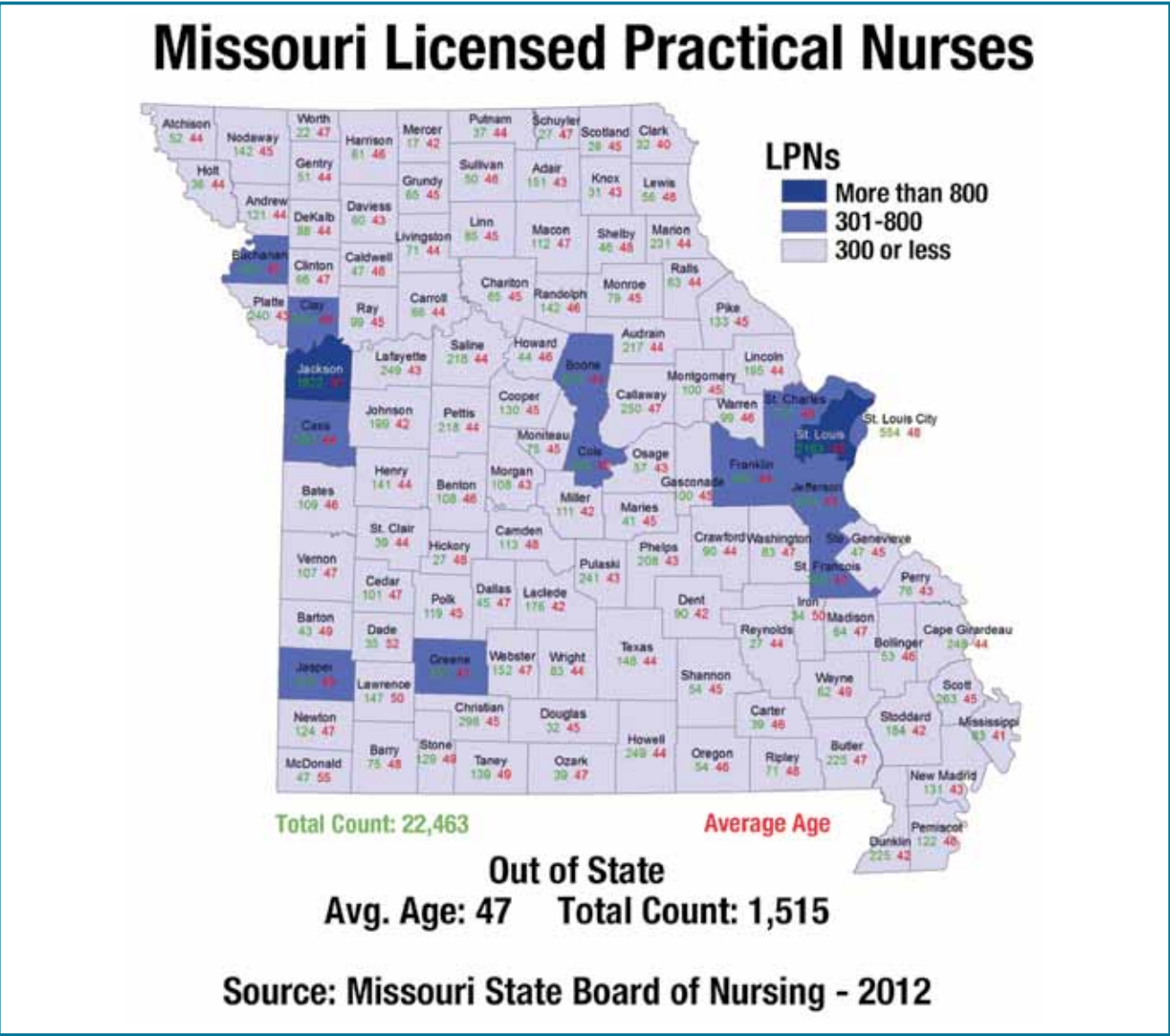


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The next chart shows the actions taken by the Board for those complaints and application reviews.



Executive Director's Report continued on page 4

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EOE

Licenses Issued in Fiscal Year 2012

	Registered Nurse	Licensed Practical Nurse
Licensure by Examination (includes nurses not educated in Missouri)	3,779	1,423
Licensure by Endorsement	1,812	232
Licensure by Renewal of a Lapsed or Inactive License	1,321	305
Number of Nurses holding a current nursing license in Missouri as of 6/30/2012	94,476	25,562

There were 668 new Advanced Practice Registered Nurse applications approved in fiscal year 2012.

Licensure Database Information

The average age of nurses continues to stay about the same. This is based on all nurses licensed in Missouri, regardless of where they reside.

Profession	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2012
RN	45	46.12	46.28	46.35	46.62	46.6	47.1	46.5	46.60
LPN	44	45.13	45.36	45.00	45.32	45	45.7	45.1	45.69
APRN									47.73

The map above and the two maps on the following page depict the average age by county and the count of the nurses in each county who had a current Missouri nursing license and a Missouri address as of July 1, 2012.

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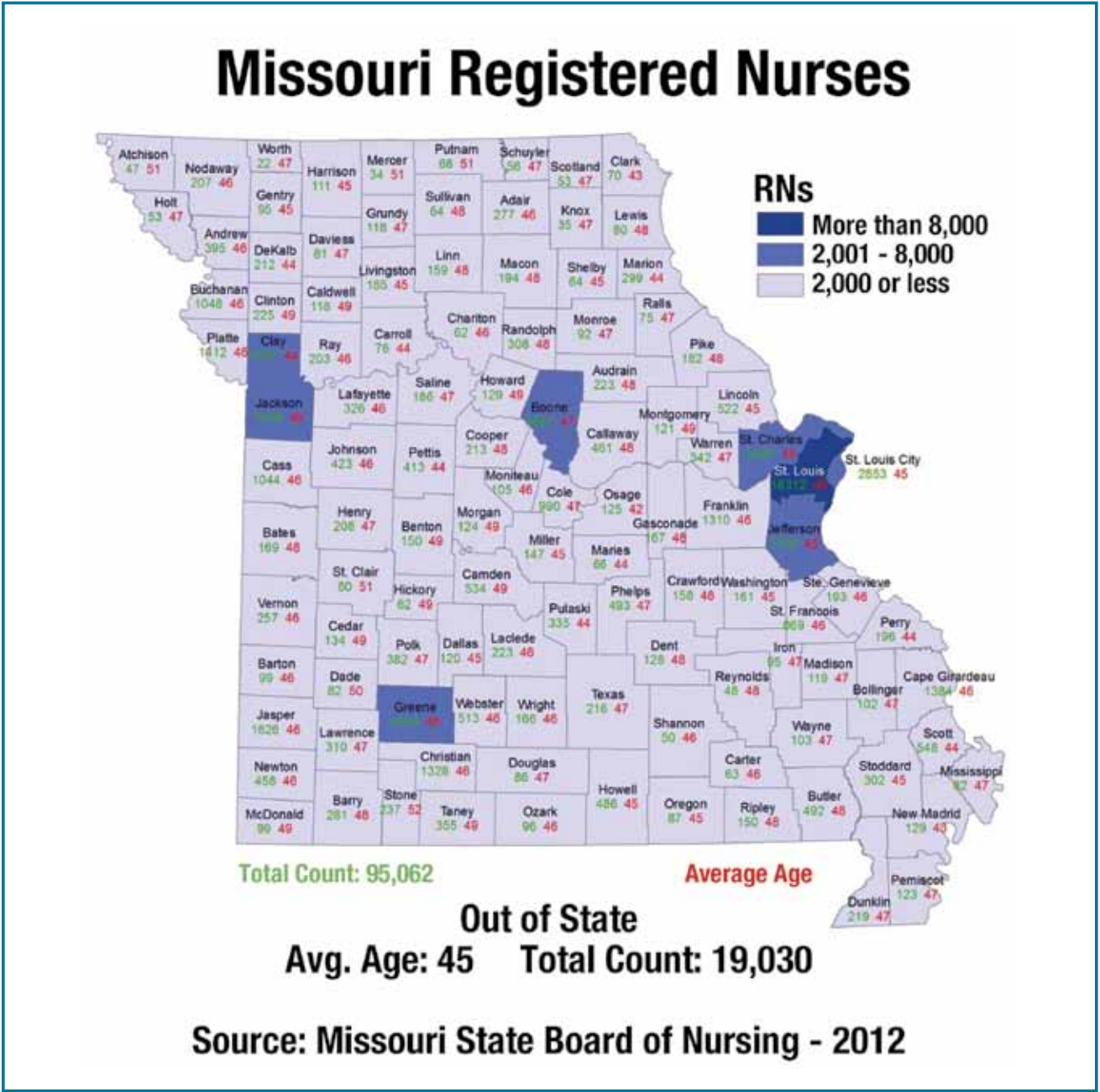
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Executive Director's Report continued from page 3



# Gov. Nixon Announces Latest Round of Grants to Educate More Nurses at Truman State University and Other Missouri Colleges and Universities

KIRKSVILLE, Mo.—Gov. Jay Nixon today announced nearly \$1 million in grants to educate additional nurses at college and universities across the state, including a \$150,000 grant to Truman State University, marking the latest award of grants made available through the Governor’s Caring for Missourians initiative.

Gov. Nixon made the announcement during a visit to Truman State University’s Department of Nursing. The department is receiving a \$150,000 grant to graduate at least 10-15 additional nursing students and to launch three foundational courses online to assist students in transferring to the accelerated BSN program. The department will also expand clinical sites and partnerships and add adjunct clinical and instructional faculty members.

These Caring for Missourians grants are funded by revenue generated from nursing licensing fees collected by the Missouri State Board of Nursing. The program is providing \$1 million in grants each year in Fiscal Years 2012, 2013, and 2014. Public and private colleges and universities are eligible to apply for grants of up to \$150,000 per institution per year to hire additional faculty, purchase vital educational equipment or offer scholarships.

“An education in nursing is a clear pathway to a rewarding and lifelong career, but far too often, too many students were being turned away from nursing education programs because they were at full capacity,” Gov. Nixon said. “As our state economy continues to move forward, health care will remain as a growing industry in our state. These Caring for Missourians program grants will assist our nursing schools in educating more students and connecting them with good jobs in every corner of Missouri.”

The State Board of Nursing has approved the following six additional grants:

Lincoln University (Jefferson City)	\$124,115
Missouri State University (Springfield)	\$144,134

Research College of Nursing (Kansas City)	\$148,032
University of Missouri–St. Louis	\$149,978
University of Central Missouri (Warrensburg)	\$131,266
University of Missouri–Columbia	\$150,000

To select the grant recipients, the Missouri State Board of Nursing reviewed competitive applications submitted by the institutions. In the third year of the program, the board will again be inviting applications and awarding the grants on a competitive basis.

Launched by Gov. Nixon in 2009, Caring for Missourians is a strategic initiative to increase the number of nurses, physicians, dentists and other health professionals being educated at Missouri’s public colleges and universities. Colleges and universities developed individual plans for how they would invest their Caring for Missourians funds.

Gov. Nixon and the State Board of Nursing announced plans for the expansion of Caring for Missourians using the license fee revenue in December 2010.

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**Susan Elaine Boyce**  
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LITTLE ROCK—Christopher R. Thyer, United States Attorney for the Eastern District of Arkansas, announced that Susan Elaine Boyce, age 58, of Pleasant Plains, Arkansas, was indicted September 6, 2012, by a federal grand jury. The seven-count indictment, which was unsealed today, charges Ms. Boyce with five counts of wire fraud, one count of aggravated identity theft, and one count of misuse of a social security number.

Ms. Boyce, who may also go by Suzanne Pitts or Suzanne Johnson, is presently at large. A warrant has been issued for her arrest. She is believed to be with a man using the name Jack Pitts or Jack Boyce, who may be armed. Anyone who has information about the whereabouts of Ms. Boyce or Mr. Pitts is asked to call the fugitive hotline for the Office of the Inspector General for the U.S. Department of Health & Human Services at (888) 476-4453.

According to the indictment, Ms. Boyce used Arkansas State Board of Nursing license numbers and a Social Security Number belonging to other persons to obtain employment as a school nurse at Sidney Deener Elementary School in Searcy, Arkansas. The indictment goes on to allege that, although not a licensed nurse, Ms. Boyce worked at Sidney Deener in this capacity from the 2007-08 school year through the 2011-12 school year, during which time she was paid more than \$175,000.

Upon cashing her monthly paycheck, a digital image of Ms. Boyce's check was sent from her bank to the school district bank in interstate commerce via the Federal Reserve Bank, which gives rise to the wire fraud counts. Aggravated identity theft and misuse of a social security number charges relate to Ms. Boyce using a social security number assigned to another person on Form W-4 tax withholding documents that she submitted to the school district.

Wire fraud carries a maximum statutory penalty of twenty years' imprisonment and up to three years' supervised release for each count. Aggravated identity theft adds a mandatory two-year prison sentence to any other sentence imposed and one year of supervised release. And misuse of a social security number carries a maximum statutory penalty of five years' imprisonment and one year of supervised release. Each count carries a maximum fine of \$250,000.

This case is being investigated by HHS-OIG and by the Office of the Inspector General for the Social Security Administration. Assistant United States Attorney Alexander Morgan is prosecuting the case for the United States.

An indictment contains only allegations. The defendant is presumed innocent unless and until proven guilty.



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# Education Report

**Authored by Bibi Schultz, RN, MSN,  
CNE-Education Administrator**

Missouri State Board of Nursing Education Committee Members:

- Roxanne McDaniel, RN, PhD (Chair)
- Lisa Green, RN, PhD(c)
- Irene Coco-Bell, LPN

## Nursing Education—Major Link to Patient Safety

As nursing education continues to evolve, many indicators point toward the importance of academic preparation of the nurse as a major link to patient safety. As nursing students progress through their programs, regardless of the level of nursing education, it is essential that nurse educators and practice partners work together to foster optimal learning. While it is important that students gain the knowledge and skills to successfully make the transition from school to practice, it is equally important to instill a sense of life-long learning and to frequently encourage students to continue their education.

Many nursing programs are innovatively developing ways to foster nursing education and to facilitate progression. During the September 2012 Board meeting, three (3) programs of professional nursing received Missouri State Board of Nursing approval to expand. Central Methodist University—BSN program received approval to offer an accelerated BSN option at their satellite campus in Columbia, MO. Truman State University was granted approval to offer a similar accelerated BSN option at their home campus in Kirksville, MO. Accelerated BSN programs offer options for qualified applicants with bachelor degrees in another field to complete BSN studies in less than two (2) years of school. Mineral Area College in Park Hills, MO received approval to expand their LPN to ADN option to include a hybrid/on-line completion program offered on weekends and evenings. Often options are designed to serve working adults with multiple responsibilities outside of school.

Many efforts are in progress to expand nursing education options for Missouri citizens. As discussed in last quarter's Newsletter, funding established by the state of Missouri through legislative action and appropriation of funds is utilized to foster nursing education. This year a second round of monies has been made available to Missouri nursing programs through the Nursing Education Incentive Program. As many of you may know, this funding comes about through collaboration between the Missouri State Board of Nursing and the Missouri Department of Higher Education. Major grant focus on increase of physical and educational capacity of professional nursing programs is demonstrated. Seven (7) programs of professional nursing will receive funding in 2012. A total of \$997,525 is awarded this year. A third year of grant funding is anticipated for 2013. Decisions related to grant awards are made through collaboration between the Missouri State Board of Nursing and the Missouri Department of Higher Education. 2012 Nursing Education Incentive Program grant awards can be reviewed at Missouri Department of Higher Education website: <http://www.dhe.mo.gov/NursingGrant.php>.

Through active participation of nurse educators working with the Missouri Action Coalition on development of strategies to foster the Future of Nursing in Missouri and to lead the way in nursing education, the NEAT concept (Nursing Education Advancing Together) has evolved. Major focus is placed on articulation/seamless progression between levels of nursing education through strong collaboration/sharing of resources among nursing programs of all levels of nursing education. Through efforts of nurse educators across the state, surveys have been developed and are currently utilized to determine why nursing students enrolled in professional nursing programs take the educational pathway they have chosen and to explore actual and potential barriers of academic progression. This data should provide valuable insight related to educational needs/choices of Missouri nursing students and graduates.

Other indicators demonstrate progress, to include MOARC (Missouri Articulation Committee), a committee of nurse educators charged with revision of the Missouri Articulation Plan. As mentioned in earlier articles, this committee continues to work on strategies to make progression between levels of nursing education much smoother. A proficiency-based approach that incorporates all levels of nursing education and provides access for nurses from all different backgrounds and academic levels to progress to BSN and beyond is demonstrated. Ms. Becky Miller from Mercy School of Nursing in Springfield, Missouri currently serves as the chair of this committee. Completion of the revised Missouri Articulation Plan is projected for later this year/early 2013. Educators from all levels of nursing education have provided valuable input and many are actively involved with committee processes/meetings. Nurse educators have spent countless hours to develop materials that help foster efficiency in academic progression. The Missouri State Board of Nursing supports efforts of this committee as well. Once the plan is complete and nursing programs sign up to become/continue as signatory programs, the plan as well as a list of participating programs will be posted on the Missouri State Board of Nursing website in order to facilitate public access to programs that have signed on to provide articulation opportunities as outlined in the plan.

As nursing education evolves, Missouri nurse educators are working collaboratively to develop and offer quality pre-licensure as well as degree completion options in nursing education. While academic advancement is not always easy and nurses sometimes struggle to find the right fit to continue their education, it is the professional responsibility of every nurse to provide safe, evidence-based care to his/her patients. One of the most effective ways to do this is to continue professional development on ongoing basis.

For a complete list of pre-licensure nursing education programs approved by the Missouri State Board of Nursing, please refer to the Missouri State Board of Nursing website at [pr.mo.gov/nursing.asp](http://pr.mo.gov/nursing.asp).

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# Licensure Information

Authored by Angie Morice  
Licensing Administrator

## RN Renewal Postcards Scheduled to be Printed Early January 2013

January 2013 is right around the corner. There are 96,496 RNs currently licensed in Missouri. We will begin planning for renewal of RNs by printing renewal postcards in early January 2013.

You are responsible for keeping the Board of Nursing informed of your current mailing address. Failure to receive the renewal notification does not relieve the licensee of responsibility to maintain a current license.

You can find a name/address change form on our web site at [pr.mo.gov/nursing](http://pr.mo.gov/nursing) by clicking on Change of Name/Address on the sub-navigation menu located on the right side of the web page.

## Weekly Discipline Email

The Board of Nursing sends a weekly email that contains the names of nurses who were disciplined the preceding week. You can subscribe to this email service by sending an email to [lori.scheidt@pr.mo.gov](mailto:lori.scheidt@pr.mo.gov)—just put Weekly Discipline Email in your subject line.

## Fingerprint Background Checks

Individuals applying for an initial license or reinstatement of an expired license are required to undergo fingerprint background screening. The following is the process to comply with that requirement.

Go to [www.machs.mo.gov](http://www.machs.mo.gov) and register using the 4 digit

registration number of 0001. After you register, you will receive a TCN number. Write down that number and retain it in order to take it with you to the fingerprint location along with a valid government issued ID.

Click on *Fingerprint Sites* near the top of the web site at [www.machs.mo.gov](http://www.machs.mo.gov) to find a fingerprint location. Once you click on *Fingerprint Sites*, a map will be displayed. Click on the county you desire, then click on a preferred location. You will then see the location address and hours of operation.

If you DO NOT register online first and take your TCN number with you to the fingerprint location, you WILL experience long wait times.

If you are applying for a license from another state and do not wish to drive to a Missouri fingerprint location, you still need to register as indicated in step 1 above. We recommend that you make payment online. You will then need to go to a law enforcement agency where you live and obtain two inked fingerprint cards captured on a standard FBI-258 applicant fingerprint card. Write down the TCN number on the back of your Fingerprint Cards. Mail your cards to: 3M Cogent, Missouri CardScan, 5025 Bradenton Ave, Suite A, Dublin, OH 43017.

The total fee is \$44.80 regardless of which process you use.

## Bulk License Verification

Bulk license verifications are now offered to employers free of charge. We encourage employers to check the status of their nurses at least quarterly. Instructions on how to request a bulk license verification can be found on our website at <http://pr.mo.gov/nursing.asp>. You will click on the License Verification tab on the right side of the website. This link will give you instructions on how to request the verifications and the formats accepted. The completed verification file will be emailed back to the person who requested it.

You may also verify single licenses by clicking on the same tab and following the link provided. This link will take you [www.nursys.com](http://www.nursys.com). Nursys.com serves as primary source verification for Missouri.

## License Suspension Due to Tax Compliance Law §324.010, RSMo

Pursuant to §324.010, RSMo, all persons and business entities renewing a license with the Division of Professional Registration are required to have paid all state income taxes and also are required to have filed all necessary state income tax returns for the preceding three years. If you have failed to pay your taxes or have failed to file your tax returns, your license will be subject to immediate suspension within 90 days of being notified by the Missouri Department of Revenue of any delinquency or failure to file. The Board has no discretion in this matter. The license is suspended by operation of law.

If your license is suspended for state income taxes, you **must stop practicing** as a nurse immediately and you can not return to nursing practice until your license is active again. If you have any questions, you may contact the Department of Revenue at 573-751-7200.

## Common Nurse Licensure Compact Questions & Answers

*I have a compact multistate license and I am relocating to another compact state. Can I use my*

## current license in the other state?

When relocating to another compact state and declaring that state as your primary state of residence, you must apply for licensure by endorsement and notify the former state board of nursing that you are no longer a resident. You have 30 days in which to be licensed. It's recommended that you start the application process prior to the move. A new multistate compact license will not be issued until you provide a Declaration of Primary State of Residency form to the state board of nursing.

An employer may terminate the employment of a nurse for practicing beyond the 30-day limit, without having obtained that state's license.

## I live in a compact state where I am licensed. How do I get a license in a non-compact state?

Apply for licensure by endorsement to the state board of nursing in the state in which you seek licensure. Applications can be found on the board of nursing's website.

If you are moving and the non-compact state is your primary state of residency, inform the compact state board of nursing that you are no longer a resident. Your multistate license status will be changed to single state.

## I was living in a compact state where I am licensed and have since relocated to another compact state for a job. I'm unsure about how long I can work on my former license in my new location.

When permanently relocating to another compact state, apply for licensure by endorsement and complete the Declaration of the State of Residency for the new home state. Notify the former compact state board of nursing that you are no longer a resident. You can work on your former license for up to 30 days. The 30 days starts with your first day of work. It's recommended that you start the application process one to two months prior to the move.

## I'm an employer in a compact state and we hired a nurse from another compact state. How long can the nurse work on her former state license before needing to get a license in this state?

When permanently relocating to another compact state, a nurse must apply for licensure by endorsement and declare the new compact state as his or her primary state of residence. It's recommended that the nurse start the application process one to two months prior to the move. The nurse can practice on the former license for up to 30 days. The 30 days starts with the first day of work.

## I have a compact multistate license and have accepted a temporary assignment in another compact state. My employer or staffing agency is telling me that I need to get that state's license.

The Nurse Licensure Compact laws allow a nurse to hold only one active multistate license in the primary state of residency. A licensee holding a compact multistate license in good standing has the privilege to practice in any compact state. Employers cannot require the nurse to apply for licensure in a remote state when the nurse has lawfully declared a primary state of residency based on where he or she pays federal income tax, is registered to vote and holds a driver's license. The board of nursing will not issue a license to a nurse declaring another compact state as his or her primary state of residence.



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# Discipline Information

Authored by Janet Wolken, MBA, RN, Discipline Administrator

### What are the Different License Statuses and What Do They Mean?

A nurse recently indicated that she is not sure what to do with her license when she makes the decision to no longer practice nursing. She questioned whether voluntary surrender was appropriate. Voluntary surrender is not the appropriate license status you should seek if you are retiring from nursing. This article provides information on the various license statuses available to nurses.

#### Voluntary Surrender

Voluntarily surrender is treated the same as a disciplinary action in that the Board is required to report it to the National Practitioner's Data Bank. The name of the licensee will be printed in the newsletter. A voluntary surrender is often used when a licensee is under disciplinary action by the Board, is unable to complete the requirements for his or her disciplinary action and does not want to be in violation or have his or her license revoked. The facts of the case are not reprinted because they are already public knowledge. So, in the newsletter, it states the licensee chose to voluntarily surrender. If a person voluntarily surrenders he or she would be required to answer yes on applications when asked if he or she have ever voluntarily surrendered a license. If the individual wants to apply for a nursing license again he or she would be required to retake the NCLEX (boards). An application for licensure by exam would be submitted to the Board office with a fee and background checks would be required. The application may be found at <http://pr.mo.gov/nursing-licensure.asp>.

#### Inactive Status

If an individual has a current nursing license, he or she may place it on inactive status. If the individual no longer plans to practice nursing and does not want to represent themselves as a nurse, this is a viable option. When a license is placed on inactive status a person may not practice as a nurse. To place a license on inactive status, a written, signed statement may be sent to the Board Office or a box on the license renewal may be marked to request placing the license on inactive status. If the individual chooses to reactivate the license to work and represent themselves as a nurse, he or she must fill out the Petition for License Renewal that is available on the Board's website at <http://pr.mo.gov/nursing-licensure.asp>. The completed form and the required fee are then submitted to the Board office. Background checks are also required.

#### Retired Status

A person must also have a current license to place his or her license on retired status. When a license is placed on retired status, the individual may use his or her nursing title and may provide volunteer services as long as he or she does not receive monetary compensation. To place a license on retired status, a check-box is available on the license renewal form. There is a small fee to place the license on retired status. If the individual wishes to change to retired status between renewal periods then he or she must request a form from the Board. The form requires a date on which the licensee retired from practice and acknowledgement that the nurse intends to retire from practice for at least two years. If the individual chooses to reactivate the license to work, he or she must fill out the Petition for License Renewal that is available on the Board's website at <http://pr.mo.gov/nursing-licensure.asp>. The completed form and the required fee are then submitted to the Board office. Background checks are also required.

#### Lapsed Status

Lapsed status is different than any other status because a nurse does not request lapsed status. If a nurse does not renew his or her license during the regular renewal period, his or her license will lapse. If the individual chooses to reactivate the license to work and represent themselves as a nurse, they must fill out the Petition for License Renewal that is available on the Board's website at <http://pr.mo.gov/nursing-licensure.asp>. The completed form and the required fee are then submitted to the Board office. Background checks are also required. The difference is the fee. If a nurse allows his or her license to lapse and then chooses to renew, there will be an additional lapsed fee.

### Board Newsletter

If a license is retired or active, the licensee will automatically be mailed the Board's newsletter on a quarterly basis. If a license is lapsed, inactive or voluntarily surrendered, the individual will not receive the Board's newsletter unless it is specifically requested (email [becki.hamilton@pr.mo.gov](mailto:becki.hamilton@pr.mo.gov)).

### Verification of License Status

The license status and expiration date of all nurses can be found at [www.nursys.com](http://www.nursys.com). Select the free Licensure QuickConfirm and follow the online instructions.



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Pursuant to Section 335.066.2 RSMo, the Board “may cause a complaint to be filed with the Administrative Hearing Commission as provided by chapter 621, RSMo, against any holder of any certificate of registration or authority, permit, or license required by sections 335.011 to 335.096 or any person who has failed to renew or has surrendered his certificate of registration or authority, permit or license” for violation of Chapter 335, the Nursing Practice Act.

\*\*Please be advised that more than one licensee may have the same name. Therefore, in order to verify a licensee’s identity, please check the license number. Every discipline case is different. Each case is considered separately by the Board. Every case contains factors, too numerous to list here, that can positively or negatively affect the outcome of the case. The brief facts listed here are for information only. The results in any one case should not be viewed as Board policy and do not bind the Board in future cases. To view the Board’s Order or Settlement Agreement for a particular Licensee, please go to NURSYS.com.

CENSURE

**Jones, Amanda Jewell**  
Dexter, MO  
**Licensed Practical Nurse 2003020110**  
On January 15, 2008, Amanda Jones submitted to a urine drug screening test. The urine sample submitted tested positive for Hydrocodone and Hydromorphone. Licensee had valid prescriptions for this substance in the past, and may have had a prescription close in time, she did not consume the Hyrdocodone from a valid prescription at the time, instead using the controlled substance that had been prescribed to a family member.  
Censure 6/25/2012 to 6/26/2012

**McCombs, Sandra Kathleen**  
Springfield, MO  
**Licensed Practical Nurse 044931**  
On April 28, 2011, at 0458 Licensee documented that she administered Morphine 5mg intravenous push (IVP) to a patient. Giving an IVP is outside the scope of practice of a licensed practical nurse. Censure 8/1/2012 to 8/2/2012

**Wessley, Janet L.**  
Camdenton, MO  
**Licensed Practical Nurse 053108**  
Licensee practiced nursing in Missouri without a license from June 1, 2010 through October 30, 2011.  
Censure 7/11/2012 to 7/12/2012

**Ninichuck, Diane Lisa**  
Columbia, MO  
**Registered Nurse 2007007290**  
On August 16, 2007, Licensee was late for work and did not clock in. Instead, she reported that she had over-imbibed alcoholic beverages the night before and was not fit for duty. Licensee was referred to Employee Assistance Program (EAP) to set up an action plan including following all clock in and clock out procedures. She failed to follow through with the action plan set forth in the Employee Assistance Program (EAP).  
Censure 6/20/2012 to 6/21/2012

**Cadwallader, Brandi Lynn**  
Brumley, MO  
**Registered Nurse 2006023056**  
Respondent failed to call NTS on eleven (11) days and missed calling a total of fourteen (14) days since July 7, 2011, despite assuring the Board that she had a system in place to remind her to call everyday at her previous hearing.  
Censure 7/2/2012 to 7/3/2012

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**CENSURE Continued...**

**Williams, Martha K.**  
Saint Charles, MO  
**Registered Nurse 106176**  
Respondent was required to renew her license within thirty (30) working days from the date of the Order issued February 7, 2012. Respondent did not renew her license by the March 13, 2012, due date. Respondent was required to contract with the Board’s third-party administrator, currently, National Toxicology Specialists, Inc. (NTS), to schedule random drug and alcohol screenings. On March 14, 2012, Respondent provided a sample which had a creatinine reading of 12.4. Creatinine readings below 20.0 are suspicious for a diluted sample. Proof of attendance at 12-Step meetings was due to the Board by May 7, 2012. The Board did not receive proof of attendance at 12-Step meetings by the documentation due date of May 7, 2012.  
Censure 7/2/2012 to 7/3/2012

**Sutton, Sara Dawn**  
Overland Park, KS  
**Registered Nurse 2007034157**  
On April 21, 2011 Licensee fed breast milk to an infant in the NICU. Licensee did not follow policy of doing a “buddy check” with another registered nurse prior to feeding the breast milk to the infant to ensure that the milk being fed to the infant was that of the infant’s mother. She stated she did not do so because the infant was one of four quadruplets and they all had the same last name. The breast milk that Licensee fed to the infant on April 21, 2011, was not milk from the infant’s mother.  
Censure 6/14/2012 to 6/15/2012

**Schroeder, Marcia N.**  
Kansas City, MO  
**Registered Nurse 155028**  
In September of 2008, based upon an audit of controlled substances administration, the hospital conducted a thorough review of Licensee’s charts. The Pyxis records showed that Licensee withdrew two tablets of Vicodin for five (5) patients. Although Licensee documented the administration of the Vicodin to the patients in the chart, Licensee failed to indicate the number of tablets administered. The audit also showed that on October 27, 2008, a patient was designated as an “NPO” (no food or water prior to surgery). However, Licensee documented that she administered two tablets of Vicodin to this patient at 7:45 a.m. Licensee obtained a verbal order from the physician in the hall of the hospital regarding the administration of the medication with a small amount of water since the patient was complaining of pain. However, licensee failed to document the physician’s order in the patient record.  
Censure 6/14/2012 to 6/15/2012

**Ames, Misty Jo**  
Kailua, HI  
**Licensed Practical Nurse 2001006571**  
On June 8, 2010, the Board received information via Nursys.com, a database maintained by the National Council of State Boards of Nursing, that the Arkansas State Board of Nursing had denied Respondent’s application for licensure in Arkansas as a licensed practical nurse. On November 12, 2008, Respondent submitted an application to the Arkansas State Board of Nursing for licensure as a licensed practical nurse in the state of Arkansas by endorsement. Respondent acknowledged on her application for endorsement that she has a criminal history as follows: a. On March 7, 2007 the Respondent pled guilty to a DWI (Driving While Intoxicated). b. On October 14, 2008, the Respondent pled guilty to 3rd Degree Assault. The Arkansas State Board of Nursing denied Respondent a license to practice nursing in Arkansas based upon the 2007 and 2008 convictions described herein. Denial of a license application by endorsement is a disciplinary action.  
Censure 7/2/2012 to 7/3/2012

**Rogers, Randy S.**  
Springfield, MO  
**Registered Nurse 140805**  
On March 3, 2011, Licensee pled guilty to the charge of Making a False Statement to a Financial Institution, a class E felony, in the United States District Court, Western District of Missouri.  
Censure 6/14/2012 to 6/15/2012

**Muema, Mercy Ndungi**  
Shawnee, KS  
**Licensed Practical Nurse 2009028106**  
On May 7, 2011, Licensee left the facility at 06:50. Licensee failed to inform anyone that she was leaving the facility. Licensee asked a certified medication technician to “watch the hall” while she was gone. Licensee informed the CMT that she needed to step out for a minute. Licensee was the only licensed nurse present at the facility at the time she left. Another licensed practical nurse, arrived for his shift at 07:05 and discovered that there was no other licensed nurse present in the facility. The assistant director of nursing (ADON) called Licensee at 07:20 that morning. The ADON inquired as to the events that morning when Licensee left the facility. Licensee informed the ADON that she was on the way back to the facility and that her babysitter had an emergency which is why she had to leave unexpectedly. Licensee arrived back at the facility at 07:46. Licensee abandoned her patients when she left no licensed staff at the facility.  
Censure 6/14/2012 to 6/15/2012

**CENSURE Continued...**

**Warren, Alison Nichole**  
Saint Louis, MO  
**Licensed Practical Nurse 2007018660**  
Licensee worked without a license from October 14, 2010 through February 5, 2012.  
Censure 7/28/2012 to 7/29/2012

**Perry, Jennifer Lynn**  
Blair, NE  
**Licensed Practical Nurse 2006023896**  
On August 22, 2007, a patient under Licensee’s care fell out of bed. Licensee failed to document that she had performed an assessment of the patient for signs and symptoms of injury or pain. Licensee did not inform other staff members of the fall nor did she complete an incident report. Licensee also failed to call the patient’s physician or family to inform them of the patient’s fall. The patient’s leg began to swell. Licensee obtained an order for an x-ray for the patient but failed to inform the patient’s family of the fall. The x-ray showed that the patient’s hip had been fractured.  
Censure 8/1/2012 to 8/2/2012

**Wonder, Virginia K.**  
Overland Park, KS  
**Registered Nurse 077866**  
Virginia Wonder plead guilty on June 6, 1998, to the offense of driving while intoxicated, a class B misdemeanor. On October 21, 2009, Licensee plead guilty to the offense of driving while intoxicated as a prior offender, a class A misdemeanor.  
Censure 7/25/2012 to 7/26/2012

**Linhardt, Angela Dawn**  
Union, MO  
**Licensed Practical Nurse 2000158987**  
Respondent was required to provide a copy of the Settlement Agreement to her current employer as soon as she received it and no later than during her next work shift or her employer’s next working day, whichever is sooner. The Board mailed a copy of the Agreement and list of due dates to Respondent, by UPS Ground Service, to her last known address. Respondent received and signed for the letter on March 12, 2012 at 11:58 a.m. The Board received notification from her employer that on March 26, 2012, the employer received notification by a computer generated list from the Executive Director of the Missouri State Board of Nursing, that Respondent’s nursing license had been disciplined and placed on probation. Respondent’s employment was terminated on April 3, 2012, for failing to disclose that Respondent’s license was on probation.  
Censure 6/25/2012 to 6/26/2012

**Smith, Clarice Marie**  
Bethany, MO  
**Licensed Practical Nurse 2007035858**  
Respondent failed to call in to NTS on four (4) days. On June 6, 2011, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on June 6, 2011. In addition, on six separate occasions, Respondent reported to lab and submitted the required sample which showed low creatinine readings.  
Censure 7/2/2012 to 7/3/2012

**Barnes, Patricia A.**  
Saint Joseph, MO  
**Licensed Practical Nurse 040044**  
Respondent failed to call in to NTS on four (4) days, specifically. Further, on August 23, 2010 and January 24, 2012, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on October 31, 2011, Respondent failed to call NTS; however, it was a day that Respondent had been selected to submit a sample for testing. Therefore, Respondent failed to report to a collection site to provide a sample for testing on October 31, 2011.  
Censure 7/3/2012 to 7/4/2012

**Will, Jessica V.**  
St John, MO  
**Licensed Practical Nurse 2006036947**  
On April 21, 2010, Licensee gave a resident 40 units of insulin without checking the Medication Administration Record (MAR) prior to the administration. The Certified Medication Technician (CMT) had already administered the medication and documented it on the MAR. On May 14, 2010, Licensee discontinued a resident’s supplement order, contrary to physician orders. On October 10, 2010, Licensee responded to an inquiry of the wife of resident (“Resident Y”). Licensee treated Resident Y in a rough manner when she repositioned him in bed. Licensee was unaware of a large sore on Resident Y’s tailbone that caused Resident Y pain when Licensee repositioned him. Resident Y’s wife was concerned due to Resident Y not eating. Licensee responded to this concern by shoving a spoonful of mashed potatoes into Resident Y’s mouth and telling Resident Y “you’ll either eat this here or I’ll take you to the dining room in your chair.”  
Censure 8/21/2012 to 8/22/2012

Censure continued from page 10

**Hencke, Roger C.**  
Saint Peters, MO  
**Registered Nurse 137629**  
On January 25, 2011, Licensee received a corrective action from the hospital. Licensee received the First Written Notice because he administered a medication to a patient without a written order. Licensee also did not document the medication in the electronic record. On March 28, 2011, the hospital identified a concern about falsification of a patient’s record by Licensee. Licensee documented in the patient’s record that he discontinued an intravenous line (IV) and started a new IV because the site was four days old. The oncoming nurse noted that the patient’s IV site was puffy and was infiltrated. The oncoming nurse pulled back the tape to discontinue the infiltrated IV and discovered that Licensee had placed new tape over the old dressing on the old IV site rather than starting a new site as he stated in the record. Licensee put the current date and his initials on the new tape on the site but the original initials and date could still be seen from the original IV site which was started on March 25, 2011.  
Censure 7/10/2012 to 7/11/2012

**Moore, Hilford**  
University City, MO  
**Licensed Practical Nurse 051231**  
The Board did not receive an employer evaluation or statement of unemployment by the January 6, 2012 and April 6, 2012, documentation due dates. In addition, the employer evaluation that was due to the Board by October 6, 2011, was not received by the Board until October 28, 2011.  
Censure 7/2/2012 to 7/3/2012

**Wrinkle, Lee A.**  
Boonville, MO  
**Licensed Practical Nurse 046400**  
During a shift, Licensee and several other members were working together to clean up a patient after she’d had diarrhea. During the process, the patient spit on Licensee. Licensee slapped the patient in the face. The slap did not leave a red mark and did not make the patient cry out in any way.  
Censure 8/8/2012 to 8/9/2012

**Gartner, Melisa R.**  
Saint Louis, MO  
**Registered Nurse 2004005103**  
Licensee worked the night shift on January 26-27, 2011, and had worked five to six 12 hour shifts to off-set finances as her husband had major surgery and she was providing care to him during the day when she normally slept. On January 27, 2011, after her shift, Licensee was not only sleep deprived, but shook up from incidents that occurred during that shift. After her shift, she went to her vehicle with her scrub jacket on, her work bag and had a blood vial, tubing, vacutainer and two syringes with her in the parking garage in her car. The two syringes, blood vial, tubing and vacutainer were hospital property with serial numbers on them. During this week, Licensee had been taking Benadryl to alleviate her allergy symptoms so she could continue to take care of her husband and work. Also during this week, and in particular from January 26-27, 2011, Licensee had approximately 4 hours or less of sleep each day due to the number of hours at the hospital, her part-time position, and taking care of her husband. Censure 7/10/2012 to 7/11/2012

**Hitt, Christine Leigh**  
Sikeston, MO  
**Licensed Practical Nurse 2005036972**  
The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of August 12, 2011, November 14, 2011, February 13, 2012, and April 25, 2012. The Board received a Statement of Unemployment from Licensee on January 27, 2012. However, the due date was August 12, 2011. The Board received an employer evaluation dated November 15, 2011, on January 27, 2012. This employer evaluation was due to the Board by November 14, 2011. The Board received the employer evaluation due on February 13, 2012 on March 2, 2012. Respondent sent copies one week before the Board Meeting of certificates of completion of the Continuing Education hours, which was past the date the certificates were due to the Board.  
Censure 6/25/2012 to 6/26/2012

PROBATION

**Johnson, Amber Shaniece**  
Saint Louis, MO  
**Licensed Practical Nurse 2008030500**  
On November 4, 2009, Licensee entered a plea of guilty to the ordinance violation of ‘Possession of Marijuana.’  
Probation 8/1/2012 to 8/1/2013

**Jackson, Krista E.**  
Wentzville, MO  
**Registered Nurse 127727**  
Licensee received verbal counseling on April 28, 2003 as a result of violation of the policies and procedures in her care of patient R.R. On or about April 25, 2003, Licensee was assigned to care for patient R.R. R.R. was admitted for induction of labor on April 25, 2003. According to R.R.’s physician’s orders, Licensee was to adjust the pitocin throughout the day for R.R.’s labor. Licensee documented in R.R.’s chart that she adjusted the pitocin as ordered. However, R.R.’s pitocin remained at six milli-units the entire day. According to R.R.’s

**PROBATION Continued...**  
physician orders, Licensee was also required to assess the R.R.’s blood pressure because R.R. was being induced due to pregnancy induced hypertension. R.R. reported that Licensee did not check R.R.’s blood pressure at any time during her shift. Licensee documented in R.R.’s chart that she completed several blood pressure checks on R.R. throughout the day. Only one of the blood pressures Licensee stated she took matched the monitor strip blood pressure generated and placed with her chart. R.R. made no progress in labor that day. Licensee was required to mark on the fetal monitoring strip when she was present in the room. Licensee did not document on the fetal monitor strip any vital signs, blood pressures, or vaginal exams of R.R. The fetal monitor strip had no marking on it at all. Licensee falsified documentation of R.R.’s chart with regard to the pitocin medication order, taking and documenting blood pressure, and being present in R.R.’s room to document her presence and required data on the fetal monitoring strip. On December 30, 2009, Licensee received verbal counseling as a result of violation of the policies and procedures in her care of patient A.N. and her infant. Patient A.N. informed staff that Licensee did not take care of her baby all day. The baby was left in A.N.’s room all night and day contrary to policy and procedure. A.N. also reported that an assessment and vital signs were not done by Licensee, or anyone else, on the baby. The assessment and vital signs are taken outside of the mother’s room. Licensee documented an assessment and vital signs for the baby in the patient chart. Licensee was unable to explain why she documented an assessment on the baby yet the baby never left the mother’s room all day. On or about July 31, 2010, Licensee was assigned to care for patient J.K. J.K. delivered her baby on July 31, 2010 at 06:28. Licensee took over the care of J.K. at 07:00. J.K. complained to hospital staff that a nurse had not done an assessment on her the entire day. J.K. also informed hospital staff that Licensee did not take her vital signs. J.K. stated that Licensee only asked her a few questions. J.K. was having her third baby. Because she had two previous deliveries, J.K. was aware of the components of a post-partum assessment. J.K. is also a registered nurse. Licensee documented a post-partum physical assessment on July 31, 2010 on J.K. in J.K.’s patient record. Licensee, upon inquiry based on J.K.’s complaint, stated that she did not assess J.K. despite her documentation. Licensee stated she asked J.K. some questions. Licensee falsified documentation for patient J.K. including vital signs and a post-partum assessment which she did not complete.  
Probation 6/26/2012 to 6/26/2014

**Gunn, Michelle Renee**  
Lees Summit, MO  
**Registered Nurse 2005025829**  
On April 13, 2011, Licensee pled guilty to the Class A misdemeanor of theft. On May 5, 2010, Licensee pled guilty to the Class A misdemeanor of Driving While Intoxicated with Prior Offense.  
Probation 7/9/2012 to 7/9/2017

**Noel, Jacqueline M.**  
Columbia, MO  
**Registered Nurse 106700**  
Respondent failed to call in to NTS on twenty-one (21) days. Further, on September 19, 2011, January 11, 2012, and March 12, 2012, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on six separate occasions, Respondent reported to lab and submitted the required samples which showed low creatinine readings.  
Probation 7/19/2012 to 12/22/2014

**Hicks, John Michael**  
Kansas City, MO  
**Licensed Practical Nurse 2011004746**  
Respondent failed to call in to NTS on three (3) days. Additionally, Respondent was selected for testing on December 13, 2011, but failed to report to a collection site to provide the required sample for screening. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of February 15, 2012. In accordance with the terms of the Order, Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by February 15, 2012. Respondent brought certificates of completion to the Board Meeting showing completion of the classes on June 12 and June 13, 2012.  
Probation 7/3/2012 to 8/15/2014

**Peck, Allison Ann**  
Kennett, MO  
**Registered Nurse 2007024053**  
Respondent failed to call in to NTS on two (2) days. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of January 23, 2012; however, did receive one dated January 27, 2012. Respondent was required to obtain continuing education hours and submit proof of completion to the Board on or before December 13, 2011. The Board did not receive proof of any completed hours by the December 13, 2011 due date.  
Probation 6/15/2012 to 10/22/2013

The Board of Nursing is requesting contact from the following individuals:

Mary Bond–PN033490  
Sonjia Cahill–RN138397  
Denise Filla–PN2004001920  
Christina Langston-Alman–PN057919  
Robyne L. Maxville–PN036049  
Holly McFadden–RN2007014364  
Bob Ruth–RN142411  
Carolyn Sargent–PN054569  
Martha Witcher–RN081502

If anyone has knowledge of their whereabouts, please contact Beth at 573-751-0082 or send an email to nursing@pr.mo.gov

Schedule of Board Meeting Dates Through 2014

December 4-7, 2012  
March 5-8, 2013  
June 4-7, 2013  
September 3-6, 2013  
December 3-6, 2013  
March 4-7, 2014  
June 3-6, 2014  
September 2-4, 2014  
December 2-5, 2014

Meeting locations may vary. For current information please view notices on our website at <http://pr.mo.gov> or call the board office.  
If you are planning on attending any of the meetings listed above, notification of special needs should be forwarded to the Missouri State Board of Nursing, PO Box 656, Jefferson City, MO 65102 or by calling 573-751-0681 to ensure available accommodations. The text telephone for the hearing impaired is 800-735-2966.  
**Note: Committee Meeting Notices are posted on our web site at <http://pr.mo.gov>**

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Probation continued from page 11

**Norton, Angela F.**  
Nixa, MO  
**Registered Nurse 116648**  
On June 10, 2009, Licensee entered a plea of guilty to the Class B misdemeanor of driving while intoxicated. When interviewed by an investigator for the Board, Licensee admitted that she was using methamphetamine. When Licensee was arrested, a pipe and baggies were found in her purse.  
Probation 8/1/2012 to 8/1/2017

**Menard, Aymilee Michelle**  
Eldon, MO  
**Registered Nurse 2005021682**  
Respondent failed to call in to NTS on eighteen (18) days. Further, Respondent had been selected for random testing on April 11, 2011, but failed to report to a collection site to submit a sample for screening. In addition, on three separate occasions, Respondent reported to the lab and submitted the required samples which showed a low creatinine readings. On December 8, 2011, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted that she had been cooking with alcohol. Respondent further admitted that her last drink was two weeks prior when she had consumed one (1) glass of wine. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of January 30, 2012 or April 30, 2012; however, the Board did receive an employer evaluation on February 2, 2012 that was dated January 31, 2012.  
Probation 7/3/2012 to 10/29/2015

**Fischer, Danielle Renee**  
Fort Scott, KS  
**Registered Nurse 2010026793**  
Respondent was to meet with Discipline Administrator to review the requirements of her discipline on March 14, 2012. Respondent did not appear for the meeting. Licensee was to contract with the Board approved third party administrator (TPA) to schedule random witnessed screening for alcohol and other drugs of abuse, the frequency and method of which shall be at the Board's discretion. Respondent has never completed the contract with NTS.  
Probation 7/3/2012 to 7/3/2015

**Kagarice, Camie J.**  
Adrian, MO  
**Licensed Practical Nurse 036065**  
Licensee was responsible for ordering supplies and medical records. Licensee was not responsible for re-ordering medications. On or about September 3, 2010, a charge nurse on the patient care floor that evening, was approached by a resident's family member. Resident 1's family member questioned a bill the family had received. The bill was for three

**PROBATION Continued...**  
cards of Vicodin, for a total of 108 pills. Because the patient was refusing medication, this amount of Vicodin seemed excessive to the resident 1's family member. An investigation was initiated by staff. This investigation revealed that three cards of Vicodin had been ordered for resident 1. All of the cards of Vicodin had been delivered and signed into the Facility, but none of the three cards could be located with in the facility. All three cards of Vicodin had been ordered by Licensee on July 7, 12, and 26, 2010. The staff was unable to locate proof of use sheets for the Vicodin. Staff did not see any documentation in resident 1's medical records or medication administration records that resident 1 had been administered the missing 108 tablets of Vicodin. Staff found that Licensee had also ordered Vicodin for other residents. Staff found that five cards of Vicodin were missing for Resident 2 for a total of 150 tablets. Licensee had ordered the Vicodin for Resident 2 on July 7, 2010 and on August 5, 17, and 25, 2010. Staff found that 2 cards of Vicodin were missing for Resident 3 for a total of 56 tablets. Licensee had ordered the Vicodin for Resident 3 on July 7 and 27, 2010. Staff found that one card of Vicodin was missing for Resident 4 consisting of 30 tablets. Licensee had ordered the Vicodin for Resident 4 on August 9, 2010. Staff found that three cards of Vicodin were missing for Resident 5 consisting of 90 tablets. Licensee had ordered the Vicodin for Resident 5 on August 4, 9, and 17, 2010. Staff found that one card of Vicodin was missing for Resident 6 consisting of 30 tablets. Licensee had ordered the Vicodin for Resident 6 on July 1, 2010. All of the missing cards of Vicodin for Residents 1, 2, 3, 4, 5, and 6 had been ordered by Licensee except for one card of Vicodin ordered for Resident 2 on July 13, 2010. At the time that Licensee re-ordered Vicodin for Residents 1, 2, 3, 4, 5, and 6, the residents had a supply of Vicodin in the facility and there was no need for the Vicodin to be re-ordered. Licensee did as a normal duty make drug counts while checking other supplies in the medication rooms. The drug counts were to ensure that the nursing staff was counting prior to the end of their shifts. The spot counts were originally being completed two to three times per month. Licensee began doing the counts every other day. Licensee began advising staff that the medication count was off. After each count Licensee would remove the original count sheet and replace it with a new corrected sheet.  
Probation 6/8/2012 to 6/8/2014

**McRae, Jennifer Lea**  
Saint Joseph, MO  
**Registered Nurse 2004003174**  
Licensee was a previous employee of Dr. E.S. Licensee previously worked with V.M., LPN, at Dr. E.S.'s practice. Licensee's husband was a patient of Dr. E.S. On or about July 11, 2011, Licensee called Dr. E.S.'s office and requested a prescription for a Zithromax Z-pack for her husband. Licensee called in the prescription for the Zithromax Z-pack, saying she was V.M. from Dr E.S.'s office. Licensee called the prescription in for herself.  
Probation 6/19/2012 to 6/20/2012

**PROBATION Continued...**  
**Hotop, Ann Marie**  
Valley Park, MO  
**Licensed Practical Nurse 2007003415**  
Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of February 16, 2012, and May 16, 2012.  
Probation 7/2/2012 to 11/16/2013


**Mica, Kelly M.**  
Lake Saint Louis, MO  
**Registered Nurse 096286**  
Licensee worked from April 30, 2005 until May 30, 2012 on a lapsed registered professional nurse license.  
Probation 8/31/2012 to 8/31/2014

**Morgan, Amy J.**  
Columbia, MO  
**Registered Nurse 150003**  
On February 17, 2011, Licensee called in a prescription for Norco for A.H., a former co-worker of Licensee. Licensee left a voice message with the pharmacy with the prescription information. When Licensee called in the prescription and left the message, she told the pharmacist that she was G.B., another staff member at University Hospital. Licensee stated in her voicemail message that she received a verbal order for the prescription from a physician. The prescription was not documented in A.H.'s, medical record as a verbal order for medication. There was no prescription authorized by a physician for A.H. for Norco. Licensee admitted to calling in the prescription under a false name and under false pretenses.  
Probation 6/7/2012 to 6/18/2012

**Anderson, Troy Everett**  
Columbia, MO  
**Registered Nurse 2012029662**  
On July 9 1998, Licensee pled "no contest" to driving while intoxicated. On September 3, 1998 Licensee's probation was revoked due to not completing DWI school and failing to serve his jail sentence. On January 28, 2000 Licensee's probation was revoked due to not completing DWI school; however, this violation was set aside on October 7, 2011. On March 20, 2001, Licensee pled guilty to DWI. On December 7, 2010, Licensee pled guilty to DWI.  
Probation 8/22/2012 to 8/22/2014

Probation continued on page 14





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Probation continued from page 13

**Lloyd, Jeri Lynn**  
Moscow Mills, MO  
**Registered Nurse 2005021108**

Respondent was required to contract with the Board approved third party administrator, currently National Toxicology Specialists, Inc. (NTS), and participate in random drug and alcohol screenings by March 16, 2012. Respondent did not successfully complete the contract process with NTS until April 13, 2012. Respondent received her chain of custody forms on April 16, 2012. However, Respondent did not start calling NTS until April 19, 2012 and missed a test on April 18, 2012. Respondent was required to submit a chemical dependency evaluation to the Board within six (6) weeks of the effective date of the Agreement. The evaluation was due to the Board by March 31, 2012. The Board did not receive a thorough chemical dependency evaluation submitted on Respondent’s behalf. Probation 7/2/2012 to 7/2/2017

**Bourgeois, Lisa**  
Columbia, MO  
**Registered Nurse 115089**

On October 13, 2009, hospice was contacted by J.M. for patient F.C. They relayed that they were still waiting on the pain medication Licensee was to bring. J.M. stated that patient F.C. was “in a lot of pain.” Licensee was assigned to provide in-home hospice care for patient J.W. three times per week; on Monday, Wednesday, and Friday. On Monday, October 19, 2009, Licensee was two hours late for her scheduled visit with patient J.W. Licensee did not call the patient. On Wednesday, October 21, 2009, Licensee did not visit patient J.W. nor did she call patient J.W. J.W.’s physician requested that Licensee no longer be assigned to patient J.W. due to her failing to manage the patient’s care. Probation 8/15/2012 to 8/15/2014

**Louis, Sonya L.**  
Kansas City, MO  
**Registered Nurse 135374**

Licensee’s Missouri Nursing license was suspended pursuant to 324.010 RSMo from March 31, 2010 through January 12, 2012. Probation 7/24/2012 to 7/24/2013

**Schneider, Stephanie Ann**  
Kansas City, MO  
**Licensed Practical Nurse 2005014033**

Licensee was attending nursing school to obtain a Registered Nurse degree. Licensee was in her last semester of the clinical component of her education. On Saturday, June 11, 2011, Licensee administered Fentanyl, a controlled substance, by intravenous push to a patient. The patient had requested pain medication but the patient’s condition was not life threatening. Licensee was on duty at as a Licensed Practical Nurse at the time. Administering a medication by intravenous push is outside the scope of practice of a licensed practical nurse. Probation 6/23/2012 to 7/30/2012

**Recer, Benjamin James**  
Saint Charles, MO  
**Licensed Practical Nurse 2012026258**

On August 13, 2009, Licensee plead guilty to the crime of driving while intoxicated, a class A misdemeanor. On August 13, 2009, Licensee plead guilty to the crime of driving while intoxicated, a class A misdemeanor. On August 13, 2009, Licensee plead guilty to the crime of driving with a revoked license, a class A misdemeanor. Probation 7/26/2012 to 7/26/2015

**Adkison, Dianne**  
Louisiana, MO  
**Registered Nurse 067108**

On February 13, 2012, Respondent called NTS and was advised that she had been selected to provide a urine sample for screening. Respondent failed to report to a collection site to provide the requested sample. In addition, on two separate occasions, April 24, 2012 and May 6, 2012, Respondent reported to lab and submitted the required sample which showed a low creatinine reading. On May 16, 2012, Respondent reported to a collection site to provide a sample and the sample tested positive for Ethyl Glucuronide (EtG), a metabolite of alcohol. Respondent admitted that she had consumed alcohol. Probation 6/25/2012 to 12/13/2015

**Steinert, Jacqueline L.**  
Springfield, MO  
**Registered Nurse 133175**

The Administrative Hearing Commission found that Respondent’s nursing license was subject to discipline for diverting medications and for errors in charting the administration of medications. Probation 7/25/2012 to 7/25/2017

**Graham, Jacob E.**  
Washington, MO  
**Registered Nurse 2000162919**

Licensee entered into an employee assistance program agreement on April 10, 2009. On October 5, 2009, pursuant to that program, Licensee submitted to a urine drug screen. Licensee tested positive for Fentanyl. Licensee was terminated from his employment on October 20, 2009 for violating the terms of the employee assistance program. On August 5, 2010, Licensee worked a night shift. Licensee’s co-workers reported that Licensee exhibited unusual or suspicious behavior during his shift including spending 30-40 minutes in the restroom,

**PROBATION Continued...**

slurred speech and he was diaphoretic. Licensee admitted to taking and self-administering 3 vials of Propofol. Probation 8/9/2012 to 8/9/2016

**Wise, Sareta Danielle**  
Kansas City, MO  
**Licensed Practical Nurse 2006007310**

Licensee submitted a home health care bill for patient J.T. for the dates of June 22, 2009 through June 27, 2009, along with documentation of the care that she provided to him. On July 21, 2009 the PDN Manager learned that patient J.T. had been hospitalized from June 22, 2009 through June 27, 2009. Probation 8/7/2012 to 8/7/2014

**Steele, Karen Marie**  
Kansas City, MO  
**Registered Nurse 2007034726**

On August 22, 2011, at 1509, Licensee removed Hydromorphone 2mg/1ml injection for M.C. On August 22, 2011, at 1609 Licensee removed Hydromorphone 2mg/1ml injection for patient M.C. On August 22, 2011 at 1614 Licensee wasted 1.5 mg of Hydromorphone. 1.5 mg of Hydromorphone remains unaccounted for. On August 23, 2011 at 1707 Licensee removed Hydromorphone 2mg/1ml injection for patient M.C. Licensee was not clocked in on August 23, 2011 at 1707. M.C. was not Licensee’s patient on August 23, 2011 at 1707. On August 23, 2011, at 1750, Licensee removed Hydromorphone 2mg/1ml injection for patient H.L. Licensee documented 1 mg of Hydromorphone at 1752, the remainder of the Hydromorphone was not documented as administered or wasted. On August 23, 2011, at 1842, Licensee removed Hydromorphone 2mg/1ml injection for patient M.C. Licensee documented the administration of 1 mg of Hydromorphone at 1849 and another 0.5 mg at 2101. The remaining 0.5 mg was not documented as administered or wasted. On August 24, 2011, Licensee clocked in for a unit staff meeting at 1547. Licensee documented that she administered 0.5 mg of Hydromorphone on August 24, 2011, at 1550 and 1734 to M.C. Licensee was not assigned to M.C. on August 24, 2011. Licensee was not assigned patient care on August 24, 2011. In a written statement dated August 25, 2011, Licensee states “I admitted to her on the phone that I had indeed been taking some Dilaudid for my own use.” Probation 6/27/2012 to 6/27/2017

**Wiggins, Sonya Elise**  
Woodson, AR  
**Licensed Practical Nurse 2010004123**

Respondent was required to obtain continuing education hours and have the certificate of completion for all hours submitted to the Board by March 1, 2012. The Board never received proof of any completed hours. Probation 7/19/2012 to 3/22/2013

**Lewis, Luamart R.**  
Saint Charles, MO  
**Licensed Practical Nurse 2012024735**

On June 23, 2011, Licensee pled guilty to Making a False Declaration and Driving While Revoked. Probation 7/9/2012 to 7/9/2013

**Robb, Samantha J.**  
Columbia, MO  
**Licensed Practical Nurse 058383**

On February 16, 2011, Licensee pled guilty to the class A misdemeanor of assault/attempted assault on a law enforcement officer. On January 21, 2011, Licensee pled guilty to the class A misdemeanor of theft/stealing, less than \$500. Probation 7/6/2012 to 7/6/2015

**Anstaett, Laura Dawn**  
Columbia, MO  
**Registered Nurse 2008029480**

Case 2011-002825

Licensee worked the 7 p.m. to 7 a.m. shift on April 29, 2011. Licensee withdrew three 10mg/1ml Morphine syringes for patient F at 0531, 0122, and 1914. Licensee had to override the system to withdraw the medication for patient F. Patient F did not have a physician order for Morphine. Two of the syringes withdrawn for patient F were documented as wasted. One of the syringes withdrawn at 0531 for patient F was documented as not administered and no waste of the Morphine was noted. Licensee withdrew two 10mg/1ml Morphine syringes for patient T. Licensee had to override the system to withdraw the medication. Patient T did not have a physician order for Morphine. The 0356 dose of Morphine 10mg/1ml was documented as not administered and no waste was noted. The 0642 dose of Morphine 10mg/1ml was documented as not administered and no waste was noted. Licensee withdrew 2 tablets of Oxycodone/acetaminophen at 2032 for Patient V. One tablet was documented as given at 2150, but no waste was noted for the other tablet. Licensee withdrew 2 tablets of Oxycodone/acetaminophen at 0355 for Patient V. There is no documentation of administration or waste for the tablets. The Oxycodone/acetaminophen order had been discontinued for Patient V. Licensee pulled Ephedrine sulfate 50mg/1ml amp at 0355 for Patient V. There is no documentation of administration or waste of the Ephedrine sulfate 50mg/1ml for Patient V. Case 2011-003279

Probation continued from page 14

For Patient 1, the following medication was not documented as given to the patient or documented as wasted and all medication was pulled from Pyxis by Licensee.

May 8/9, 2011	Fentanyl 100 mcg,
May 9/10, 2011	Fentanyl 50 mcg,
May 12/13, 2011	Fentanyl 200 mcg,
May 16/17, 2011	Fentanyl 175 mcg; 30 mg morphine sulfate,
May 17/18, 2011	Fentanyl 225 mcg; 15 mg morphine sulfate,
May 19/20, 2011	Fentanyl 300 mcg; 75 mg morphine sulfate,
May 22, 2011	Fentanyl 400 mcg,
May 23/24, 2011	Fentanyl 950 mcg

Licensee was not scheduled to work on May 22, 2011. On the night shift of May 13/14, 2011 for Patient 2, Fentanyl 100 mcg was pulled from Pyxis by Licensee, but was not documented as given to the patient or documented as wasted. On the night shift of May 16/17, 2011 for Patient 3, 4 mg Morphine Sulfate was pulled from Pyxis by Licensee, but was not documented as given to the patient or documented as wasted. On the night shift of May 19/20, 2011 for Patient 3, 4 mg Morphine Sulfate was pulled from Pyxis by Licensee, but was not documented as given to the patient or documented as wasted. Licensee was charged with two counts of theft of a controlled substance as defined by section 195.010 RSMo., as a result of her actions and has been referred to a diversion program.

Probation 7/18/2012 to 6/29/2016

**Owen, Stacy Nicole**  
Pittsburg, KS  
**Registered Nurse 2010014774**

On August 12, 2010, Licensee plead guilty to the class A misdemeanor of passing a worthless check. On October 14, 2010, Licensee was sentenced to 90 days of house arrest and probation with special conditions for her guilty plea to the felony of driving under the influence of alcohol or drugs for the third time.

Probation 8/1/2012 to 8/1/2015

**Johnson, Stacey Lynn**  
Saint Clair, MO  
**Licensed Practical Nurse 2010007549**

On January 1, 2011 an offender presented to the medical unit with a complaint of low blood sugar at 0035. Licensee checked the blood sugar and obtained the result of 38. Licensee documented that that she administered Glucagon via injection. The offender did not have an order for Glucagon. Licensee failed to utilize the approved nursing protocol for low blood sugar, failed to document the patient assessment and failed to document a follow-up assessment after administering the Glucagon. The offender was released to his housing unit at 0045. The offender did not receive a repeat blood sugar until his regularly scheduled check at 0540. On January 1, 2011, at 0553, custody staff sent an offender to the medical unit exhibiting confusion in the housing unit. Licensee checked the blood sugar and obtained a result of 51. Licensee gave the offender a packet of peanut butter and jelly and released him to the housing unit at 0558. Licensee did not document the encounter in the offender’s medical record.

Probation 6/7/2012 to 6/7/2013

**Chandler, Amanda Lee**  
Springfield, MO  
**Registered Nurse 2012029849**

Licensee entered a substance abuse program ‘Alternative Opportunities’ on July 11, 2011 and successfully completed the program on December 12, 2011. Licensee’s drug of choice was methamphetamine. Licensee states she last abused drugs on June 27, 2011 and used alcohol on December 31, 2011.

Probation 8/23/2012 to 8/23/2017

**Person, Juanita A.**  
Saint Louis, MO  
**Registered Nurse 2012026954**

Respondent’s nursing license was publicly censured on or about March 5, 2001. On January 16, 2003, Respondent renewed her nursing license with the Board. Respondent was asked “since you last renewed, have you had any professional license, certification, registration, or permit revoke, suspended, placed on probation, or otherwise subject to any type of disciplinary action?” Respondent answered no to this question even though she had been publicly censured in 2001. Public censure is a form of discipline. On August 25, 2005, the Administrative Hearing Commission issued a decision finding cause to discipline Petitioner’s nursing license for failing to document the administration or waste of several controlled substances.

On December 7, 2005, the Board placed Respondent’s license on probation for two years after a disciplinary hearing. Respondent failed to contract for random urine drug screening. Respondent failed to undergo a chemical dependency evaluation and to have the evaluation submitted to the Board. Respondent failed to submit an affidavit of unemployment or to have employer evaluations submitted to the Board. Respondent received notice of the meeting with the Board representative, and failed to appear for this meeting and failed to call or attempt to reschedule this meeting. On December 7, 2006, a probation violation hearing was held before the Board. The Board issued its Order on December 12, 2006, finding that Respondent was in violation of her probation and revoked Respondent’s nursing license. On or about September 25, 2009, the Board received Respondent’s Application for License As a Registered Professional Nurse by Examination (“Application”). Respondent revealed on her Application that her license had been previously disciplined/revoked by the Board.

Probation 7/31/2012 to 7/31/2015

REVOKED

**Brown, Paula C.**  
Wentzville, MO  
**Registered Nurse 058767**

Licensee admitted that on June 21, 2008, she diverted two (2) Suboxone for her own personal use.

Revoked 6/25/2012

**Yahnke, Katie Marie**  
Wentzville, MO  
**Registered Nurse 2009028718**

The Administrative Hearing Commission found cause to discipline the nursing license of Respondent for failing to follow physician’s orders regarding medication for patients, improperly documenting the administration of medications to patients, cursing a patient, and being placed on an Employee Disqualification List.

Revoked 6/25/2012

**Davis, Margret Mashea**  
Vanduser, MO  
**Registered Nurse 2002013518**

Respondent was required to abstain completely from the use or consumption of alcohol in any form.

Additionally, in accordance with the terms of the Order, Respondent was required to submit a mental health evaluation to the Board within six (6) weeks of the effective date of the original Agreement. On March 1, 2012, the Board received an evaluation from the Counseling Center.

In the evaluation, it is noted in Episode Date–12/20/2011 that Respondent had treatment from November 2011 through December 2011. In addition, the evaluation states that Respondent purchased alcohol and binge drank to the point of intoxication in the Transitional house bathroom. It is further noted that Respondent’s treatment ended abruptly when she became intoxicated in one of the cottage bathrooms; however, after going through the detox, Respondent returned to inpatient treatment.

Respondent failed to call in to NTS on seventeen (17) days. In addition, Respondent failed to submit to drug and alcohol screenings on December 19, 2011; January 6, 2012; January 19, 2012; March 8, 2012; and April 18, 2012, when she had been selected for random drug and alcohol screening. She failed to call on all of those dates with the exception of March 8, 2012 and January 19, 2012. In addition, Respondent reported to a collection site on February 7, 2012, and produced a urine drug screen that showed a low creatinine reading of 16.6. A creatinine level below 20.0 creates a suspicion that the sample provided has been diluted.

Revoked 6/25/2012

**Rusakiewicz, Steven Richard**  
Rolla, MO  
**Licensed Practical Nurse 2006032637**

Respondent was assigned to patient L.T., a home health care patient. As part of his assignment, Respondent would come to L.T.’s house and count out her medication for a week at a time. On October 14, 2008, L.T. and her care worker, counted her medication before Respondent’s scheduled visit. While Respondent was counting out L.T.’s medication, patient L.T. and the care worker noticed that the Respondent was placing the pills in his hand while he was filling pills in the medication planner. Respondent was then observed placing his hand in his pocket. After the Respondent left, the care worker and L.T. counted the pills and there were five (5) Oxycodone pills missing. Respondent admitted he removed five (5) Oxycodone/APAP 5/325mg from L.T.’s pills on October 14, 2008, for his personal consumption. On September 5, 2009, Respondent pled guilty to Theft/Stealing Any Controlled Substance as Defined By Section 195.010, a class C felony, in violation of section 195.202.1 RSMo.

Revoked 6/25/2012

**Wolford, Paul W.**  
Wichita, KS  
**Registered Nurse 149885**

The Administrative Hearing Commission found that the nursing license of Respondent is subject to discipline because he diverted controlled substances from his employer; the Kansas Board of Nursing took disciplinary action against his license; and the United States government excluded him from participation in its health care programs.

Revoked 6/25/2012

**Webb, Catherine Lee**  
Doniphan, MO  
**Licensed Practical Nurse 046265**

On June 23, 2009, Respondent was requested to submit to a drug and alcohol screen. Respondent’s drug test was positive for marijuana and cocaine.

Revoked 6/25/2012

**Heard, Heath Ashley**  
Smithboro, IL  
**Licensed Practical Nurse 2009008600**

The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of June 9, 2011, December 9, 2011 and March 9, 2012. Respondent was required to obtain continuing education hours and have the certificate of completion for fifteen hours submitted to the Board by March 9, 2012. The Board never received proof of any completed hours.

Revoked 6/25/2012

REVOKED Continued...

**Brewer, Janis F.**  
Cape Girardeau, MO  
**Registered Nurse 145821**

Respondent was required to undergo a thorough mental health evaluation, and if treatment was recommended, Respondent was required to have submitted ongoing treatment evaluations. The mental health evaluation received by the Board on March 2, 2012, recommended that Respondent receive follow-up care through psychiatric medication management. Because further mental health treatment was recommended in the evaluation, pursuant to the terms of the Order, Respondent was required to cause updates of treatment evaluation(s) from the mental health professional to be submitted to the Board at least quarterly. The Board did not receive an updated mental health evaluation for the due date of May 7, 2012. The Board did not receive either a statement of unemployment or an employer evaluation on or before the May 7, 2012 due date.

Revoked 7/2/2012

**Havranek, Laura E.**  
Millstadt, IL  
**Registered Nurse 2006005190**

The Board did not receive an employer evaluation or statement of unemployment by the documentation due dates of August 5, 2011, November 7, 2011, February 6, 2012, and May 7, 2012. The Board did receive a letter on September 2, 2011, and on February 18, 2012 stating that Respondent was unemployed. Respondent was required to obtain continuing education hours and have the certificates of completion for fifteen (15) hours submitted to the Board by February 5, 2012. The Board did not receive proof of the fifteen (15) required completed hours until February 28, 2012. Respondent was two (2) hours short of completing her required fifteen (15) hours by the Board’s due date of February 5, 2012.

Revoked 7/2/2012

**Malone, Elisabeth Grace**  
Rolla, MO  
**Registered Nurse 2007034731**

Licensee was employed by a Medical Center. From February to April 2010, the Omnicell (medication dispensing system) report showed that Licensee would frequently access Tylenol but would not remove any Tylenol and then remove Tramadol. Licensee would also remove Tramadol in amounts that were in excess of the physician’s orders.

Revoked 6/26/2012

**Lucas, Amy K.**  
Saint Louis, MO  
**Registered Nurse 148819**

On March 9, 2012, Respondent submitted a urine sample for random drug screening. That sample tested positive for the presence of Valium. Licensee does not have a current, valid prescription for Valium.

Revoked 7/2/2012

**Ray, William E.**  
Lincoln, MO  
**Registered Nurse 133205**

The Administrative Hearing Commission found Respondent’s nursing license was subject to discipline because he was incompetent, grossly negligent, and violated a professional trust.

Revoked 6/25/2012

Revoked continued on page 16


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Revoked continued from page 15

**Glaus, Erma Rebecca**  
Sikeston, MO  
**Licensed Practical Nurse 053911**  
The Administrative Hearing Commission found that Respondent's nursing license is subject to discipline for unlawfully possessing controlled substances.  
Revoked 6/25/2012

**Vandevender, Patricia M.**  
Cameron, MO  
**Licensed Practical Nurse 022688**  
Respondent was required to obtain continuing education hours and submit proof of completion to the Board by a specified date. The Board did not receive proof of completion of all seventeen (17) hours of continuing education course work by the due date.  
Revoked, 8/28/2012

**Antoine, Lisa L.**  
Independence, MO  
**Licensed Practical Nurse 046289**  
In accordance with the terms of the Settlement Agreement, Respondent is required to meet with representatives of the Board at such times and places as required by the Board. Respondent did not attend the meeting or contact the Board to reschedule the meeting scheduled February 8, 2012. Respondent did not attend the meeting or contact the Board to reschedule the meeting scheduled March 14, 2012. Respondent was to submit an employer evaluation from every employer or, if Respondent was unemployed, a statement indicating the periods of unemployment. The Board did not receive an employer evaluation or statement of unemployment by the documentation due date of May 9, 2012.  
Revoked 6/25/2012

**Garbin, Shawn Adam**  
Minneapolis, KS  
**Registered Nurse 2000157060**  
On May 28, 2008, the Kansas State Board of Nursing revoked Respondent's nursing license through an Emergency Order upon grounds for which revocation or suspension is authorized in this State.  
Revoked 6/25/2012

**Durand, Debra Sue**  
Fulton, MO  
**Licensed Practical Nurse 2004031198**  
Respondent failed to call in to NTS on five (5) days. Further, Respondent had been selected for random testing on September 13, 2011; October 5, 2011; December 6, 2011; December 19, 2011; January 16, 2012; and February 29, 2012. Respondent provided the requested samples on those dates and each showed a low creatinine reading. Creatinine readings below 20.0 are suspicious for diluted samples. Respondent was required to completely abstain from the use or consumption of alcohol in any form regardless of whether treatment was recommended. On January 24, 2012, Respondent reported to a collection site to provide a blood sample, which was screened using Phosphatidyl Ethanol Bloodspot (PEth) test. The test was positive for phosphatidyl ethanol, a metabolite of alcohol.  
Revoked 8/14/2012

**Eaton, Tina Kaye**  
Poplar Bluff, MO  
**Licensed Practical Nurse 2000172177**  
The Administrative Hearing Commission found that Respondent's nursing license was subject to discipline for failing

REVOKED Continued...

to properly document and administer controlled substances and for diverting controlled substances for her personal use.  
Revoked 6/25/2012

**VOLUNTARY SURRENDER**  
**Slocum, Ginger R.**  
Raytown, MO  
**Registered Nurse 128247**  
Licensee was asked to submit to a 'for cause' drug screen on June 23, 2011 which tested positive for butalbital, clonazepam, morphine, and codeine, all controlled substances pursuant to 0195.017, RSMo. The hospital offered Licensee a return to work agreement dependent on meeting their expectations with regard to controlled substances. On July 6, 2011, licensee retired immediately from the hospital.  
Voluntary Surrender 7/25/2012

**Goebel, Briana Leigh**  
Rolla, MO  
**Licensed Practical Nurse 2009024044**  
Between January 21, 2010 and June 1, 2010, there were seven prescriptions filled for Licensee which were allegedly prescribed by Dr. H. The prescriptions were for Percocet and Norco. Licensee did not have a valid prescription for Percocet and Norco. On June 18, 2010, Licensee was terminated for falsifying prescriptions for her own use.  
Voluntary Surrender 6/19/2012

**Van Meter, Tamera E.**  
Saint Louis, MO  
**Licensed Practical Nurse 026832**  
On July 3, 2011, it was reported that staff felt Licensee was impaired as Licensee had droopy eye lids, was sweating and pale, was not making sense, had pinpoint pupils, and was acting strangely. Licensee did not administer five doses of a patient's antibiotic, Lovanox, and Toradol. Licensee did not start an IV for hours and did not hang the IV fluids. Licensee allowed a patient to eat solid foods when the patient was on a clear liquid diet. Licensee sent a patient home without properly discharging them. Licensee stated she dropped two vials of Dilaudid and asked a nurse to waste with her. There was no witness to her dropping the vials. Licensee refused to consent to a drug screen. Licensee appeared to have scabbed over punctures, track marks and bruising on her arms. Licensee would draw up Dilaudid and Morphine for other nurses to administer; however, the nurses asked her not to do this because they were not comfortable administering what they had not drawn up. Licensee refused the drug screen because she had been "smoking weed" on her day off and was afraid the screen would be positive.  
Voluntary Surrender 8/31/2012

**Meyer, Dianna L.**  
Altamont, MO  
**Licensed Practical Nurse 049677**  
On August 28, 2012, Licensee voluntarily surrendered her Missouri nursing license.  
Voluntary Surrender 8/28/2012

**Taylor, Michael Wayne**  
Kennett, MO  
**Licensed Practical Nurse 2005027426**  
On August 28, 2012, Licensee voluntarily surrendered his Missouri nursing license.  
Voluntary Surrender 8/28/2012

**Moore, Charlotte Lorraine**  
Raymore, MO  
**Licensed Practical Nurse 2008036448**  
The Department of Health and Senior Services (DHSS) placed Licensee on its Employee Disqualification List (EDL) on September 13, 2011, for a period of two years as a result of an incident with a resident.  
Voluntary Surrender 8/3/2012

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# The Missouri Hospital Engagement Network: Helping Patients Heal Without Complication

by **Jeanne Naeger MSN, RN, FNP-BC**  
**Vice President Quality Improvement**  
**Missouri Hospital Association**

Although nurses and other health care providers work extremely hard to deliver the best care possible, many preventable adverse events still occur in hospitals. The Hospital Engagement Network (HEN) was formed with funding from the Centers for Medicare & Medicaid Services as part of the National Partnership for Patients campaign. It is the largest federal hospital initiative ever undertaken to improve patient safety and quality of care. Within two years, this project aims to reduce 10 targeted hospital-acquired conditions by 40 percent and cut hospital readmissions by 20 percent, saving an estimated 60,000 lives throughout three years and conserving billions in Medicare funding.

Nationwide, there are 26 HENs consisting of state, regional, national or hospital system organizations. The Missouri Hospital Association (MHA) is part of the Health Research & Educational Trust (HRET) HEN, an affiliate of the American Hospital Association. Ninety-five Missouri hospitals are participating in the MHA HEN. Others may be associated with a different HEN, such as Premier, the University Health System Consortium or the Association of Safety Net Hospitals.

MHA, along with the Missouri Center for Patient Safety (MOCPS), is assisting hospitals to identify solutions already working to reduce health care-acquired conditions and sharing those solutions with other hospitals and health care providers. In addition, MHA seeks to improve the ability, capacity and trust of participating hospitals to collaboratively address current and future quality, safety and efficiency issues. This strategy includes engaging leaders to ensure accountability and providing adequate resources and attention to performance improvement. Leadership also is encouraged to empower staff to assume responsibility for safety.

Participating hospitals have been offered access to national and state resources and experts. The Missouri HEN held its second two-day state meeting in early September. At this conference, best practices and quality improvement tools were shared with participating hospitals in the initiative’s 10 targeted areas.

- adverse drug events (ADE)
- catheter-associated urinary tract infections (CAUTI)
- central line-associated blood stream infections (CLABSI)
- injuries from falls and immobility
- obstetrical adverse events
- pressure ulcers
- surgical site infections
- venous thromboembolism (VTE)
- ventilator-associated pneumonia (VAP)
- preventable readmissions

“We are extremely excited and honored to provide Missouri hospitals with this opportunity,” said Sharon Burnett, MHA vice president of clinical and regulatory affairs. “Perhaps the most rewarding aspect of this project is the response from our hospitals. They deserve kudos for their contributions and enthusiasm.”

Don Ainley, quality/employee health manager at Advanced Healthcare Medical Center in Ellington, said “becoming a HEN hospital is one of the best things our hospital has ever done. Our entire staff has bought into the project and is very excited about the work being done to provide our patients with high quality, safe care. HEN has given us an opportunity to network with other hospitals and share our thoughts, ideas and successes.”

Added values of being a Missouri HEN hospital include access to national affinity groups, opportunities to attend national improvement leader fellowship and collaborative training, subscriptions to national patient safety training, infection prevention training, a course in medication safety and a hospital survey on patient safety culture.

Participating hospitals are required to monitor progress through performance measurement and reporting.

Positive results of the HEN initiative have already been noted with progress in CAUTI and CLABSI prevention in Missouri. This collective commitment to patient safety is powerful and will improve the value and quality of patient care both in Missouri and throughout our nation.

## Tracks: Nurses and the Tracking Network

The Centers for Disease Control and Prevention’s (CDC) National Environmental Public Health Tracking (EPHT) Program is excited to share their most recent podcast, “**Tracks: Nurses and the Tracking Network.**” The Missouri EPHT program is sharing this podcast in partnership with the national program in order to assist nurses by providing useful data and tools that can be used to discover local environmental hazards, educate patients, and prevent future exposures. Many thanks go out to the Medical Community Team at the Tracking Branch and the American Nurses Association for making this possible. You can view the podcast by visiting: <http://www2c.cdc.gov/podcasts/player.asp?f=8624028>.

Additional information about the tracking program can be found at [http://ephtn.dhss.mo.gov/EPHTN\\_Data\\_Portal/](http://ephtn.dhss.mo.gov/EPHTN_Data_Portal/) or by contacting the Missouri EPHT program at [EPHTN@health.mo.gov](mailto:EPHTN@health.mo.gov).





### The Environmental Public Health Tracking Program Announces:

**Tracks: Nurses and the Tracking Network**

Listen as Amy Garcia,  
*Chief Nursing Officer for the American Nurses Association*  
and  
Kitty Mahoney,  
*President of the Massachusetts Association of Public Health Nurses and Chief Public Health Nurse for the town of Framingham,*  
talk about how nurses working in a variety of settings can use the Tracking Network to make their jobs easier.



# Self-Deployment in a Disaster Situation– Why Not?

by Anne Meredith Kyle, BSN, RN

The purpose of the *Show-Me Response* database is to provide Missouri’s emergency response system with a robust list of well credentialed health professionals willing to respond quickly when volunteers are needed in an emergency. The state pool of unaffiliated volunteers will only deploy licensed health care professionals. The local Medical Reserve Corps (MRC) and other units in *Show-Me Response* can accept and deploy any type of volunteer that fits the unit mission.

Calls to volunteers are based on requests from those managing the emergency at the local level when need has exhausted their resources. The request is made through the Local Emergency Operations Center (LEOC). From there it is sent to the State Emergency Operations Center (SEOC) and then on to the Missouri Department of Health and Senior Services Department Situation Room (DSR). The *Show-Me Response* team queries the database for professionals meeting the criteria requested. The MRCs and other local units are requested through the LEOC. This organized approach fits the Incident Command System (ICS) structure, which is used in the management of emergencies.

Volunteers may be tracked from their arrival at the volunteer reception center through their deployment to their exit from the scene. There are many reasons for this, including the safety of volunteers and those affected by the disaster. This system also helps ensure that the appropriate types and numbers of volunteers are dispatched. An accurate accounting of volunteer hours is important when communities or agencies seek reimbursement after a disaster. For a basic understanding of the ICS structure, click on the *Recommended Training* link on the *Show-Me Response* website. These courses are provided free of charge and on-line. The link may be found at [www.showmeresponse.org](http://www.showmeresponse.org).

Volunteer self deployment was clearly identified as an issue by the Federal Emergency Management Agency (FEMA) in its After Action Report on the Joplin tornado response in May 2011. The following are quotes from the FEMA report:

- “The thousands of mutual aid responders and volunteers who self-dispatched to Joplin immediately after the tornado enabled Joplin to conduct response operations, but presented challenges for incident management.”
- “The very large amount of mutual aid benefitted Joplin response operations, but it presented several challenges as well. First, many responders self-dispatched to Joplin and began performing tasks without coordinating with local incident command. Second, some responders lacked the equipment and training to conduct operations, particularly search and rescue, safely and effectively.”
- “Freelancing by responders and volunteers also raised potential safety issues during search operations.”

Fortunately, AmeriCorps was on the scene in Joplin and provided a valuable service in coordinating spontaneous volunteers. This took time and effort that could have been avoided had volunteers waited until being activated by a specific group, with a specific purpose and place to report for duty through the local incident command. Due to the coordination provided through AmeriCorps, some of the volunteer hours were accurately tracked, which enabled the city of Joplin to use the value of hours volunteered as local match for federal reimbursement through FEMA. This is important in obtaining reimbursement of local and state funds spent during the recovery effort.

In contrast, the ICS and the *Show-Me Response* system already have the capacity to track volunteer time as well as to ensure safety of volunteers by knowing their assigned location during the disaster response. The ICS has been designated as the national model to use for management of a disaster response at all levels and from all aspects, including safety, financial, logistics, and operations because it is proven to be efficient and effective.

For more information about *Show-Me Response* or to register, please visit [www.showmeresponse.org](http://www.showmeresponse.org). You may also contact the *Show-Me Response* Program Coordinator, Anne Kyle, by email at [anne.kyle@health.mo.gov](mailto:anne.kyle@health.mo.gov).

# Asthma Sufferers Win Big in Missouri Legislature

by Joy Krieger, Executive Director of the Asthma & Allergy Foundation of America, St. Louis Chapter  
Reprinted with permission of the author

It is truly fitting to have the passage of House Bill 1188 coincide with “Asthma Awareness Month” in May. Asthma is a treatable, manageable disease. Unfortunately, it is also the number one chronic childhood disease; the number one reason for school absenteeism; the number one reason children visit hospital emergency departments; and the number one reason for childhood hospitalizations. Life-saving medications and equipment are available to help control asthma, but children must have access to those medications and equipment.

The Asthma and Allergy Foundation of America, St. Louis Chapter (AAFA) serves those affected by asthma and allergies through education, support and medical resources. This organization is unique not only to St. Louis, but the entire country. No other organization provides the services that AAFA does in our community.

Over the past several years, AAFA has partnered with school nurses throughout the community to provide nebulizers, bed encasings and other equipment to help children with asthma. Yet the school nurse had to rely on parents to bring medication s for their child—and monitor that medication for expiration. In addition, many nurses are the first health care professional to see a child with asthmatic symptoms and experiencing an asthma attack, who have no medication prescribed for them. Now, thanks to the passage of House Bill 1188, school nurses and trained employees will be allowed to stock Albuterol as a rescue medication for any child experiencing an asthma attack.

Just as a school nurse would use a defibrillator on a child whose heart has stopped, or administer an EpiPen for a child having a severe allergic reaction, a school nurse can now administer Albuterol, the preferred asthma rescue medication, on a child having an asthma attack while also notifying parents and calling for emergency support from paramedics.

AAFA is pleased to provide support to school nurses through both equipment and training of other school personnel through our outreach and education programs. Our largest and most unique program, Project Concern, provides durable medical equipment and prescription assistance to children at or below 200 percent of the federal poverty level, ensuring that children have the prescriptions they need to manage their asthma.

HB 1188 was signed into law in July, 2012 by Gov. Nixon. Since then, we have been actively informing Lead Nurses in all school districts in the state of Missouri. Marge Cole, Lead School Nurse for State of Missouri has been instrumental in delivering the information to the school nurses.

AAFA STL has asked the nurses to keep a tracking system of the Albuterol use through the school year and reporting quarterly to our office. We hope to have future financial support of this program with the outcome reporting.

Please call or email our office for information regarding our programs. You may also find it available on our website: [www.aafastl.org](http://www.aafastl.org) There is a drop down bar for school nurses.

We feel that nurses are well equipped to handle life threatening health emergencies with the availability of Epinephrine, Albuterol and defibrillators in the gymnasiums.

Contact information for the Asthma and Allergy, St Louis Chapter (AAFA) includes:

- Website: <http://aafastl.org/>
- Address: 1500 South Big Bend, Suite 1s St. Louis, Missouri 63117
- Phone: 314.645.2422
- Fax: 314.645.2022
- Email: [aafa@aafastl.org](mailto:aafa@aafastl.org)



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# Missouri Action Coalition– Leading Change, Advancing Health in Implementing the Institute of Medicine Recommendations

by Nelda Godfrey, Jill Kleithermes and  
Amy Heithoff-Dominguez

Barely 12 months old, the Missouri Action Coalition is moving forward in its efforts to further the *Future of Nursing* Institute of Medicine (IOM) recommendations released in October 2010. In short, the IOM recommendations call for:

- Nurses to practice to the full extent of their education and training.
- Nurses to achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses to be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Better data collection and an improved information infrastructure which will facilitate effective workforce planning and policy making require.

More than 300 people in Missouri are receiving updates about national and state activities on a regular basis as part of the Google Groups of the Missouri Action Coalition. A new Missouri Action Coalition website will be live starting September 28th, and will serve as a gathering place for all nurses, nurse friends and citizens who want to be to be part of the “leading change, advancing health” initiatives that have come from the IOM recommendations. To join the Google Groups, please contact [Krista@missourinurses.org](mailto:Krista@missourinurses.org).

As part of the effort to obtain better data regarding Missouri’s nursing workforce, we encourage you to go to <http://MissouriHealthProfessionalsRegistry.org> to submit your nursing practice and demographic information. This information is important for workforce planning and policymaking. Please take a few minutes to enter your information today!

The Missouri Action Coalition just submitted a grant application to the Robert Wood Johnson Foundation to receive for \$150,000 in funding for infrastructure, to make the Missouri Action Coalition efforts more visible. To date, the entire initiative has functioned by volunteer and in-kind contributions. As of June 2012, and thanks to the Health Care Foundation of Kansas City, \$40,000 was awarded to boost the technology and fund a half-time Statewide Director of the Missouri Action Coalition. We are very grateful that Amy Heithoff-Dominguez, RN, BSN, has filled the statewide director position and in her last four months she has divided her time between speaking engagements and website development. We should hear about the grant on October 20.

## TEAMWORK SUMMIT–June 6, 2013

SAVE THE DATES: The 3rd TEAMWORK SUMMIT, sponsored by the Missouri Action Coalition and a number of other Missouri nursing and health care organizations, will be JUNE 6, 2013 in Columbia. The Pre-Summit, an educational event with nationally-recognized nursing/healthcare speakers, will be the day before: June 5, in Columbia. We hope you can come!



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